

# Foster Family Home - Corrective Action Report

**Provider ID:** 1-180006

**Home Name:** Reymando Fiesta, CNA

**Review ID:** 1-180006-6

94-1260-B Peke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/20/2021

Foster Family Home	Required Certificate	[11-800-6]
--------------------	----------------------	------------

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 2/20/2021.

Foster Family Home	Personnel and Staffing	[11-800-41]
--------------------	------------------------	-------------

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4)- No Substitute Caregiver Form present in the CCFFH binder for CG#3.

41.(b)(7)- CG#2's TB clearance expired on 1/15/2021. No current TB clearance present in CCFFH binder.

41.(b)(8)- CG#3's CPR expired on 3/2020 and no Blood borne certificate present in the CCFFH binder.

41.(g)- CG#4 without a basic skills checklist present in Client #1's chart/binder.

Foster Family Home	Client Care and Services	[11-800-43]
--------------------	--------------------------	-------------

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN Delegation present for CG#4 on [REDACTED] and [REDACTED] for Client #1 and Client #2.

# Foster Family Home - Corrective Action Report

## Foster Family Home

## Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), (2), (3)- Admission Policy and Agreement for Client #1 did not have signatures of POA. Each signature pages was blank.

## Foster Family Home

## Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - No monthly fire drill present in the CCFFH binder since 2/2019 - 12/2020.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart/binder.

## Foster Family Home

## Physical Environment

[11-800-49]

- 49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;
- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(2)- No grab bars present near the clients' toilet.

49.(a)(4)- Emergency back door exit pathway was obstructed with multiple household items such as 3 large plastic containers, 3 gas containers, plastic tarps, gas grill, etc. preventing a clear pathway in the event of an emergency/evacuation.

## Foster Family Home

## Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#4 without evidence of having had training in the Emergency Preparedness Plan.

# Foster Family Home - Corrective Action Report

Foster Family Home	Insurance Requirements	[11-800-51]
--------------------	------------------------	-------------

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General Liability Insurance Policy expired on 12/31/2020.

Foster Family Home	Client Rights	[11-800-53]
--------------------	---------------	-------------

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(a), (b)(1)- Client #1's Admission Policy and Agreement and Confidentiality Notice forms did not have any signatures of POA present.

53.(b)(15)- CCFFH with visiting hours restrictions: 9-am- 12 noon and 1pm-5pm. Under the My Choice My Way, facility is to accommodate visitors/family on a 24/7 provisions.

Foster Family Home	Records	[11-800-54]
--------------------	---------	-------------

54.(a) Each home shall maintain an administrative notebook including but not limited to

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(a)- CCCFFH's binder was disorganized and with multiple missing items/documents such as caregivers background checks, disclosure forms, TB/CPR/First Aid, BBP, annual inservices, etc. at the beginning of the CCFFH review/inspection.

54.(c)(5)- Client #1's Medication Administration Record with discrepancy. Noted that 2 evening medications for today with an administration time of 8:00pm were signed ahead of administration time; inspection started at 1:00pm today.

54.(c)(8)- Client #1's personal inventory form was not done; form was blank.

  
 Maibet Nakavine, RN  
 Compliance Manager

  
 Primary Care Giver

Date  
 1/20/2021  
 Date  
 1/20/2021